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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		AT	TORNEY DOCKET NO.
09/311,918	05/14/99	CHASE		M 2	:0160/1
			一	EXAMINER	
•		TM02/0329	·		
DAVID D LOW	RY			LUUS	
BOX IP 18TH	FLÖOR	•	•	ART UNIT	PAPER NUMBER
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ONE FINANCIA	AL CENTER			2173	9
BOSTON MA 0:	2111			DATE MAILED:	(

03/29/01

Please find below and/or attached an Office communication concerning this application or proceeding.

Commissioner of Patents and Trademarks

	Application No.	Applicant(s)				
Interview Summary	09/311,918	CHASE ET AL.				
	Examiner	Art Unit				
	Sy D Luu	2173				
All participants (applicant, applicant's representative, PTO personnel):						
(1) Sy D Luu (Ex.).	(3)					
(2) <u>David Lowry (Att.)</u> .	(4)					
Date of Interview: <u>27 March 2001</u> .						
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant	2) applicant's representat	ive]				
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.					
Claim(s) discussed: <u>1,14 and 18</u> .						
Identification of prior art discussed: Farros et al. (US # 5,930,810)						
Agreement with respect to the claims_f)□ was reached. g)⊠ was not reached. h)□ N/A.						
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>Discussed on the clarification of the claimed language to better describe the claimed invention, specifically the use of a single graphic description file in displaying and printing a printed article.</u>						
(A fuller description, if necessary, and a copy of the am allowable, if available, must be attached. Also, where nallowable is available, a summary thereof must be attached.	o copy of the amendments that					
 i) ☐ It is not necessary for applicant to provide a checked). 	a separate record of the substar	nce of the interview(if box is				
Unless the paragraph above has been checked, THE F MUST INCLUDE THE SUBSTANCE OF THE INTERVI action has already been filed, APPLICANT IS GIVEN O STATEMENT OF THE SUBSTANCE OF THE INTERVI reverse side or on attached sheet.	EW. (See MPEP Section 713.0) NE MONTH FROM THIS INTE	4). If a reply to the last Office RVIEW DATE TO FILE A				

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required



FAX COVER SHEET

DATE: APRIL 4, 2001

THIS TRANSMISSION CONSISTS OF THIS COVER SHEET AND

PAGE(S).

ORIGINAL DOCUMENT TO FOLLOW:

YES 🗍

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FAX NUMBER:

703 308-6606

ATTENTION OF:

Examiner Sy Luu, GAU 2173

TELEPHONE NUMBER:

703 305-0409

FROM:

David Lowry DIRECT DIAL: (617) 856-8399

OUR FAX NUMBER IS: (617) 856-8201

C/M/A #:

20160/1/2056

MESSAGE:

Attached is the updated proposed amendment for 09/311,918, based on our telephone conversations. Please review the amendment and let me know if this helps differentiate over the prior art. Thank you for your assistance in this matter.

DDL

If you do not receive all pages, please call (617) 856-8200 and ask for Office Services.

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